Federal Register: April 10, 2001 (Volume 66, Number 69)]
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[DOCID:fr10ap01-109]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Extension of Application Deadline Date for ``Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services"

AGENCY: Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS.

ACTION: Extension of deadline date to May 16, 2001 for applications submitted under CSAT's Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services--TI 01-007, (short title: TCE/HIV).

This notice is to inform the public that SAMHSA/CSAT has extended the deadline date for applications for its TCE/HIV (TI 01-007) funding announcement from May 4 to May 16, 2001. This extension is provided to allow applicants additional time to develop comprehensive, competitive applications. The original notice of the availability of funding for the TCE/HIV program was published in the Federal Register on March 15, 2001 (Vol. 66, No. 51, pages 15133-15135).

The full funding announcement and necessary application materials may be obtained from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686, or downloaded from the SAMHSA web site--www.samhsa.gov.

Questions related to the TCE/HIV program should be directed to David C. Thompson at 301-443-6523 or dthompso@samhsa.gov.

Dated: April 4, 2001.
Richard Kopanda,
Executive Officer, SAMHSA.

[FR Doc. 01-8756 Filed 4-9-01; 8:45 am]
BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Guidance for Applicants (GFA) No. TI 01-007
Part I - Programmatic Guidance

Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services

Short Title: TCE/HIV

Application Due Date:
May 4, 2001

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Substance Abuse and Mental Health
Services Administration

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Acting Administrator
Substance Abuse and Mental Health
Services Administration

Date of Issuance: March 2001

Catalog of Federal Domestic Assistance (CFDA) No. 93.230
Authority: Section 509 of the Public Health Service Act, as amended, and subject to the availability of funds.

Table of Contents

[Note to Applicants: To prepare a complete application, PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999), must be used in conjunction with this document, PART I - "Programmatic Guidance."]

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of Fiscal Year 2001 funds for grants to enhance and expand substance abuse treatment and HIV/AIDS services in African American, Latino/Hispanic, and/or other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS.

Of the total $11.0 million available, $6.0 million will be made available to fund 15 to 20 grants in four population groups in Metropolitan Statistical Areas (MSAs) not previously funded under CSAT TCE/HIV or HIV Outreach grant announcements. An additional $5.0 million will be available to fund 10 to 15 grants in three high risk target populations in States and MSAs with high AIDS rates.

The average grant award is expected to range from $100,000 to $500,000 per year in total costs (direct and indirect). **Grants will be awarded for a period of up to 5 years.** Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

The goal of this program is to reduce the spread of substance abuse related HIV/AIDS and infectious diseases in African American, Hispanic/Latino, and/or other racial/ethnic minority communities.

This GFA is a revision and reissuance of TI 00-005 TCE/HIV.

SAMHSA/CSAT released "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP) on November 28, 2000. This Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS (TCE/HIV) program addresses three of the NTP strategies. "No Wrong Door to Treatment" is addressed by allowing and encouraging minority populations to enter treatment through culturally sensitive modalities; "Commit to Quality" is addressed by promoting best practices and assisting minority community-based treatment providers to share information on improving treatment outcomes; and "Build Partnerships" is addressed by supporting minority communities in the development of systems linkages and infrastructure leading to organizational coalitions and integrated services systems.

For additional information about the NTP and how to obtain a copy, see Appendix A.

Target Population

Each proposed project must be directed at **one** of the following substance abusing populations in African American, Hispanic/Latino, and/or other racial/ethnic minority communities.

Note: Applicants who wish to address more than one population must submit a separate

application for each.

1) Four population groups in MSAs not previously funded under prior CSAT TCE/HIV and HIV Outreach grant announcements (Group 1):

- Women and women and their children, or
- Adolescents (i.e., individuals who are at least 12 years of age and no older than 22 years of age), or
- Injecting drug users including men who have sex with men and inject drugs (MSM), and at-risk non-injecting MSMs, or
- Men or women who have been released from prisons and jails.

2) Three high risk population groups in States and MSAs with high AIDS case rates (Group 2):

- Adolescents (i.e., individuals who are at least 12 years of age and no older than 22 years of age), or
- Injecting drug users including men who have sex with men and inject drugs (MSM), and at-risk non-injecting MSMs, or
- Men or women who have been released from prisons and jails.

Background

The reported cases of AIDS are higher among African Americans and Hispanics/Latinos than other population groups in the United States (CDC, 2000). These groups also generally have much higher rates of substance abuse and STDs.

Who Can Apply

Public and domestic private non-profit entities, such as units of State or local government, Indian tribes and tribal organizations, grassroots and/or community-based organizations and faith-based organizations that have the capacity to provide substance abuse treatment and HIV/AIDS services.

Applicants for these grants should be community providers/community-based organizations that serve predominantly racial and ethnic minorities disproportionately impacted by the HIV/AIDS epidemic (i.e., African Americans, Hispanic/Latinos and other racial/ethnic minorities), based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among racial and ethnic minorities as reported by CDC.

CSAT encourages applications from substance abuse treatment programs and HIV/AIDS service organizations that have a good record of reaching and serving hardcore, chronic drug users and their sex/needle-sharing partner(s) and facilitating their entry into substance abuse treatment.

The applicant agency and all direct providers of substance abuse treatment and HIV/AIDS services with linkages to the applicant agency must be in compliance with all local, city, county and/or State licensing and/or accreditation/certification requirements. The application must include

licensure/accreditation/certification documentation (or a statement as to why the local/State government does not require licensure/accreditation/certification) in **Appendix 1.**

The applicant agency and all direct providers of substance abuse treatment and HIV/AIDS services must have been providing those services for a minimum of two years prior to the date of this application. The application must include a list of all substance abuse treatment and HIV/AIDS service providers and two-year experience documentation in **Appendix 1**.

SAMHSA believes that adequate experience, infrastructure and expertise are vital to effectively provide services and address unmet needs as quickly as possible.

Applications will be screened by SAMHSA prior to review. Applications that do not meet eligibility requirements will not be reviewed.

Target communities must be located in <u>one</u> of the following**:**

1) Group 1 - For MSAs not previously funded under prior CSAT TCE/HIV and HIV Outreach grant announcements:

- MSAs with minority case rates greater than 25 out of 100,000 people. (See Appendix B - Group 1) for a listing of eligible MSAs.

CSAT is setting aside $6.0 million for these MSAs in order to cover urban areas that do not qualify under the overall State AIDS rate, but have high AIDS case rates among minority communities.

2) **Group 2 - For other States or MSAs with high AIDS case rates:**

- A State with an annual AIDS case rate of, or greater than, 10 out of 100,000 people.

- MSAs with an annual AIDS case rate of, or greater than, 15 out of 100,000 people.

See Appendix B - Group 2 of this document for CDC annual case rates in States and MSAs.

In the absence of consistent reporting of HIV data by all jurisdictions, the best indicator of the magnitude of the epidemic is AIDS case rates derived from the Center for Disease Control and Prevention (CDC) HIV/AIDS surveillance reports.

Applicant Characteristics

CSAT is interested in applications submitted by organizations that have:

- Demonstrated ties to the grassroots/community-based organizations that are deeply rooted in the culture of the targeted community.

- Demonstrated experience in providing culturally appropriate services to the targeted communities.

Application Kit

Application kits have several parts. The grant announcement (GFA) has two parts.

Part I is individually tailored for each GFA. Part II contains important policies and procedures that apply to all SAMHSA applications for discretionary grants. Responding to both Parts I and II is necessary for a complete application. The application kit also includes the blank forms PHS 5161-1 and SF 424 that you will need to complete the application.

To get a complete application kit, including Parts I and II, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- Download from the SAMHSA site at www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type one of the following in Item No. 10 on the face page of the application form:

TI 01 007 TCE/HIV - A (for applicants serving substance abusing African American, Hispanic/Latino and/or other racial/ethnic minority women and women and their children)

TI 01 007 TCE/HIV - B (for applicants serving substance abusing African American, Hispanic/Latino and/or other racial/ethnic minority adolescents)

TI 01-007 TCE/HIV - C (for applicants serving substance abusing African American, Hispanic/Latino and/or other racial/ethnic minority injecting drug users including men who have sex with men and inject drugs [MSM]), and at-risk non-injecting minority MSMs)

TI 01-007 TCE/HIV - D (for applicants serving substance abusing African American, Hispanic/Latino and/or other racial/ethnic minority men or women who have been released from prisons and jails)

Application Dates

Your application must be received by May 4, 2001.

Applications received after May 4, 2001 will only be accepted if they have a proof-of-mailing date from the carrier not later than April 27, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Grant awards are expected to be made by September 30, 2001.

How to Get Help

For questions on *program issues*, contact:
David C. Thompson
Div. of Practice and Systems Development
CSAT/SAMHSA
Rockwall II, 7th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6523
E-Mail: **dthompso@samhsa.gov**

For questions on *grants management issues*, contact:
Kathleen Sample
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9667
E-Mail: **ksample@samhsa.gov**

Developing Your Grant Application

This program seeks to address gaps in substance abuse treatment capacity and outreach services by increasing the accessibility and availability of substance abuse treatment and HIV/AIDS related services (including treatment for STDs, TB, and hepatitis B and C). In addition to providing substance abuse treatment and HIV/AIDS related services, applicants are encouraged to develop linkages with indigenous community-based organizations with experience in providing services to these communities.

Applicants are required to demonstrate familiarity with state-of-the-art practices in the area of substance abuse treatment and HIV/AIDS outreach, prevention and treatment as it affects the target populations.

Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified target population(s) of high risk substance abusers, their sex partners, and substance abusing people living with AIDS who are not currently enrolled in a formal substance abuse treatment program.

If a program is to be expanded, the applicant must fully describe the existing program, then provide evidence that the expanded component is or can be expected to be (on the basis of scientifically based theory) effective in meeting the defined need.

Applicants must also provide evidence that the proposed expansion will address the overall goals and objectives of the project within the 5-year grant period.

Applicants should describe how the proposed project will be embedded within a comprehensive, integrated, creative and community-based response to issues fueled by substance abuse and HIV/AIDS.

Examples of possible community linkages include, but are not limited to:

- primary care;
- mental health and medical services for those who are HIV positive, have AIDS or are at high risk of HIV infection;
- community-focused educational and preventive efforts;

- C school-based activities such as after school programs;
- C private industry-supported work placements for recovering persons;
- C faith-based organizational support;
- C support for the homeless;
- C HIV/AIDS community-based outreach projects;
- C HIV counseling and testing services;
- C health education and risk reduction information; and
- C access/referral to STD, Hepatitis B and C, and TB testing.

The applicant will identify the role of participants in responding to the targeted need. Letters of support (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations should be included in **Appendix 2.**

Applicants are encouraged to demonstrate planning and coordination of services at the local level with the Single State Agency for Substance Abuse (SSA), and where applicable the:

- C Centers for Disease Control and Prevention (CDC) HIV Prevention Community Planning Groups, and HIV/AIDS CDC funded projects;
- C Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- C Department of Housing and Urban Development (HUD) Housing Opportunities for People with AIDS (HOPWA).

Funding Restrictions

Grant funds may **not** be used to:

- **G** Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- **G** Pay for pharmacologies for HIV antiretroviral therapy, STDS, TB and hepatitis B and C.

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as shown by the peer review committee
2. Concurrence of the National Advisory Council
3. Availability of funds
4. Evidence of non-supplantation of funds

Reporting/Evaluation Requirements

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on

results or outcomes in evaluating effectiveness of Federal activities, and in measuring progress toward achieving national goals and objectives.

Grantees are expected to comply with GPRA including but not limited to the collection of SAMHSA Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure compliance with GPRA and the collection of CSAT GPRA Core Client Outcomes (see **Appendix D**). For a detailed description of CSAT's GPRA strategy, see **Appendix C**.

CSAT's standard outcome requirements are:

Adults: Percent of service recipients employed; permanently housed in community; with no/reduced involvement with criminal justice system; with no/reduced alcohol or illegal drug consequences; and with no past month substance abuse.

Adolescents: Percent of adolescents who either are service recipients or are children of adult service recipients who are attending school; in stable living environments; have no/reduced involvement in juvenile justice system; have no past month use of alcohol or illegal drugs; and have no/reduced alcohol or illegal drug consequences.

HIV Risk Behavior: Although this category is not one of CSAT's standard outcome requirements, it is important to measure HIV risk behavior in order to address the goals and objectives of the program, primarily reducing HIV infection in minority communities. As necessary, Office of Management and Budget clearance will be obtained for common data beyond Core Client Outcome measures.

Applicants must demonstrate how the evaluation will demonstrate effectiveness of proposed interventions in achieving GPRA goals and objectives. Applicants must clearly state when, because of the target population to be served or the type of services to be provided, one or more GPRA outcome domains is inappropriate and will not be addressed.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be designed to provide regular feedback to the project to help the project improve services.

The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required.

In tracking outcomes, the evaluation plan must address the following three components:

1. Treatment Effectiveness, including indicators for:

- health status (physical and mental health
- self-sufficiency including employment, legal income, and public assistance status
- social support and functioning, including family and social relationships, living arrangements, and legal status
- alcohol and drug use

2. Treatment Efficiency, including:

- utilization
- retention
- completion

3. HIV Risk Behaviors, including:

- use of a condom or latex barrier within the last 30 days during vaginal, anal or oral sex
- injecting drug use within the last 30 days
- sharing of drug use equipment within the last 30 days
- number of sex partners in the past 6 months

The evaluation plan must describe the approaches that will be used to collect and report these data to SAMHSA as part of the annual progress report. Data collection points will be at baseline/intake, 6-months, and 1-year follow-up.

NOTE: CSAT guidelines do not allow for the payment of incentives of any kind for completing the baseline survey or entering into the program.

Applicants must agree to participate in all technical assistance and training activities designed to support this initiative and must budget for their local evaluation. CSAT will provide grantees with quarterly and annual reporting formats that specify the minimum information required.

CSAT has available a variety of evaluation tools that grantees may find useful in developing, or augmenting, their existing capacity to collect the types of data that will be required. These materials are available for free downloads from hhtp://neds.calib.com.

Post award support will be provided to grantees through the provision of clinical and programmatic technical assistance, assistance with data collection, reporting, analysis and publication, and assistance with evaluating the impact of expanded new services as well as the community-based strategic initiative.

Post Award Requirements

Grantees will be required to attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. A minimum of two persons (Program Director and Program Evaluator) are expected to attend. These meetings will last two or three days and will be held in the Washington, DC, area.

The grantee organization will be responsible for ensuring that all direct providers of services involved in the project are in compliance with all applicable local, city, county, and/or State licensing, certification, or accreditation requirements.

DETAILED INFORMATION ON WHAT TO INCLUDE IN YOUR APPLICATION

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

‘ ***1. FACE PAGE***

Use Standard Form 424. See Appendix A in **Part II** for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

‘ ***2. ABSTRACT***

Your total abstract may not be longer 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

‘ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

‘ ***4. BUDGET FORM***

Standard Form 424A. See Appendix B in **Part II** for instructions. (Note: How to estimate an indirect cost rate is discussed in Appendix B.)

‘ ***5. PROJECT NARRATIVE* AND SUPPORT DOCUMENTATION**

The project narrative is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

__ **Section A - Project Narrative:** *Project Description/Justification of Need*

__ **Section B - Project Narrative:** *Project Plan*

__ **Section C - Project Narrative:** *Evaluation/Methodology*

_ **Section D - Project Narrative:** *Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support*

The supporting documentation for your application is made up of the following sections E through H. There are no page limits for the Supporting Documentation sections, except for Section G, the Biographical Sketches/Job Descriptions.

__ **Section E- Supporting Documentation:** *Literature citations*

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

__ **Section F - Supporting Documentation:** *Itemized description of expenditures, existing resources, other support*

Follow instructions in Appendix B, **Part II**. Fill out sections B, C, and E of the Standard Form 424A.

__ **Section G - Supporting Documentation:** *Biographical sketches and job descriptions*

C Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from the individual and his/her sketch.

C Include job descriptions for key personnel. They should not be longer than **1 page**.

[Note: Sample sketches and job descriptions are listed in Item 6 in the

Program Narrative section of the PHS 5161-1.]

__ **Section H - Supporting Documentation:**
Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

‘ ***6. APPENDICES 1 THROUGH 6***

C Use only the appendices listed below.
C **Don't** use appendices to extend or replace any of the sections of the Program Narrative.
C **Don't** use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:
Listing of Service Providers and Certification of Experience/Licensure/Accreditation.

Appendix 2:
Letters of Coordination/Support

Appendix 3:
Non-supplantation of Funds Letter

Appendix 4:
Letters to the Single State Agencies

Appendix 5:
Data Collection Instruments/Interview Protocols

Appendix 6:
Sample Consent Forms

‘ ***7. ASSURANCES***
Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

‘ ***8. CERTIFICATIONS***

‘ ***9. DISCLOSURE OF LOBBYING ACTIVITIES***
Please see **Part II** for lobbying prohibitions.

‘ ***10. CHECKLIST***
See Appendix C in **Part II** for instructions.

Project Narrative– Sections A Through D Highlighted

Your application consists of sections A through H. Sections A through D, the project narrative parts of your application, describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D.

/ **Sections A though D may not be longer than 25 pages.**

/ **A peer review committee will assign a point value to your application based on how well you address these sections.**

/ In the description below, the number of

points after each section heading shows the maximum points a review committee may assign. For example, a perfect score for Section A will result in a rating of 30 points.

/ Reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. **See Appendix D in Part II for guidelines for applicants and peer reviewers that will be used to assess cultural competence.**

Section A:
Project Description and Justification of Need (30 points)

‘ Describe the nature of the problem and extent of the need (based on local data), and document the inability to respond to the need with existing substance abuse treatment resources and HIV/AIDS services, and the potential impact if the problem is not resolved.

Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from the National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), or the Treatment Episode Data Set (NEDS).

‘ For those data sources that are not well known, provide enough information on how the data were collected so that the reliability and validity of the data can be assessed.

‘ Define the target population and provide justification for any exclusions under SAMHSA’s Population Inclusion Requirement **(see Part II)**.

‘ Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will support meaningful and relevant results and expand capacity

Section B:
Project Plan (30 points)

‘ Describe and justify the design chosen for the proposed project.

‘ Describe the substance abuse treatment and outreach component and HIV/AIDS services to be expanded or enhanced.

‘ Provide evidence that the proposed expansion will address your overall goals and objectives within the five year project period.

‘ Document that services demonstrate state-of-the-art practices based on research and clinical literature or successful outcomes based on local outcome data. This explanation should include data on current capacity,

average length of treatment, retention rates, and outcomes.

- Address age, race/ethnic, cultural, language, sexual orientation, disability, literacy and gender issues and how the treatment component will handle these issues relative to the target population.

- Describe how individuals reflective of the target population were involved in the preparation of the application, and how they will be involved in planning, implementation, and data interpretation of the project.

- Describe how the treatment and outreach components will be embedded within the existing community-based response to substance abuse problems. This should include what roles other community organizations will have in the overall, integrated effort. Letters of coordination/support from community organizations supporting the project must be included in **Appendix 2**.

- Demonstrate familiarity with state-of-the-art practices in the area of substance abuse treatment and HIV/AIDS outreach, prevention and treatment as it affects the target populations.

- Provide a detailed description of the methods and approaches that will be used to reach the specified target population(s) of high risk substance abusers, their sex partners, and substance abusing people living with AIDS who are not currently enrolled in a formal substance abuse treatment program.

Section C:
Evaluation/Methodology (20 points)

- Provide quantitative goals and objectives for the treatment and outreach and HIV/AIDS services in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved. Describe how the targeted population will be identified, recruited into treatment, and retained in treatment. A description of current referral arrangements and proposed amendments to them will support this aspect of the narrative.

- Present a plan for collecting, analyzing, and reporting the information required to document that the grantee's goals and objectives have been reached. This should include a description of the treatment provider's existing approach to the collection of client, service use, and outcome data and how that will be modified to meet the requirements described in this GFA.

- Document the appropriateness of the proposed outcome measures for the target population. This should address not only traditional reliability and validity but also sensitivity to age, gender, sexual orientation, and racial/ethic characteristics of the target population.

- Describe how adherence/fidelity to implementation of the model will be achieved, and how results will be

assessed.

- Describe strategies for data management, data processing and clean-up, quality control and data retention.

- Discuss the extent to which the target population will be involved in the interpretation of findings.

- Describe plans for reporting and disseminating the project's findings.

- Discuss the extent to which the program can supply necessary GPRA data for information on implementation and validity of results.

Section D:
Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (20 points)

- Present a realistic management plan for the project that describes the organizations that will be involved in the project; presents their roles in the project; and addresses their relevant experience.

- Describe time lines for implementing the project.

- Discuss the capability and experience of the applicant organization with similar projects and populations and in providing culturally appropriate services.

- Discuss linkages/collaborations with other organizations including non-profit groups, universities, clinics, CDC HIV Prevention Community Planning Groups, HIV/AIDS CDC funded projects, HRSA Ryan White Planning Councils, and HUD Housing Opportunities for People with AIDS (HOPWA).

- Provide a staffing plan, including the level of effort and qualifications of the Project Director and other key personnel including the clinical, substance abuse and HIV/AIDS, and support personnel within the treatment component.

- Describe the resources available (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is conducive to the target population.

- Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population.

- Provide evidence that the proposed staff have requisite training, experience, and sensitivity to provide treatment/services to African American, Hispanic/Latino and/or other racial/ethnic minority populations.

- Provide evidence that required resources not included in this Federal budget request are adequate and accessible.

- Provide a plan to secure resources or

obtain support to continue services after the grant project period has ended.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. **(Note: Part II provides additional information re confidentiality.)** There are no page limitations, and no points will be assigned to this section.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.
- Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

- Protect Clients and Staff from Potential Risks:

  - Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
  - Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
  - Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
  - Give plans to provide help if there are adverse effects to participants, if needed in the project.
  - Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
  - Offer reasons if you do not decide to use other beneficial treatments.

- Fair Selection of Participants:

  - Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
  - Explain the reasons for using special types of participants, such a pregnant

women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

  NOTE: CSAT guidelines do not allow for the payment of incentives of any kind for completing the baseline survey or entering into the program.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix No. 5**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments
  - Where data will be stored
  - Who will or will not have access to information
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations,

Part II.

Ý Adequate Consent Procedures:

C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

C State:
- If their participation is voluntary
- Their right to leave the project at any time without problems
- Risks from the project
- Plans to protect clients from these risks.

C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

C Include sample consent forms in your **Appendix 6**, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

Þ Risk/Benefit Discussion:

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

C Population Inclusion Requirement
C Government Performance Monitoring
C Healthy People 2010: The Healthy People 2010 focus areas related to this program are: Chapter 26: Substance Abuse and Chapter 13: HIV.

C Consumer Bill of Rights

- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds (include documentation in **Appendix 3**)
- Letter of Intent
- Single State Agency Coordination (include documentation in **Appendix 4**)
- Intergovernmental Review
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant Protection

APPENDIX A

National Treatment Plan Initiative

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Appendix B.

Eligible MSAs (Group 1)

Eligible Metropolitan Areas Not Previously Funded Under the CSAT TCE/HIV and HIV Outreach Announcements

- **Akron, OH**
- **Albuquerque, NM**
- **Allentown, PA**
- **Ann Arbor, MI**
- **Austin, TX**
- **Bakersfield, CA**
- **Baton, Rouge, L A**
- **Bergen-Passaic, NJ**
- **Buffalo, N.Y.**
- **Charlotte, NC**
- **Cincinnati, OH**
- **Cleveland, OH**
- **Columbus, OH**
- **Dallas, TX**
- **Dayton, OH**
- **Denver, CO**
- **Detroit, MI**
- **Fort Worth, TX**
- **Fresno, CA**
- **Gary, IN**
- **Grand Rapids, MI**
- **Greensboro, NC**
- **Greenville, SC**
- **Harrisburg, PA**
- **Indianapolis, IN**
- **Jersey City, NJ**
- **Kansas City, MO**
- **Knoxville, TN**
- **Las Vegas, NV**
- **Little Rock, AK**
- **Louisville, KY**
- **Memphis, TN**
- **Middlesex, NJ**

- C **Milwaukee, WI**
- C **Minneapolis-Saint Paul, MN**
- C **Mobile, AL**
- C **Monmouth-Ocean City, NJ**
- C **Nassau-Suffolk, NY**
- C **New Orleans, LA**
- C **Norfolk, VA**
- C **Oklahoma City, OK**
- C **Omaha, NB**
- C **Orange County, CA**
- C **Phoenix, AZ**
- C **Pittsburgh, PA**
- C **Portland, OR**
- C **Raleigh-Durham, NC**
- C **Richmond, VA**
- C **Riverside-San Bernardino, CA**
- C **Rochester, NY**
- C **Sacramento, CA**
- C **Salt Lake City, UT**
- C **San Antonio, TX**
- C **San Jose, CA**
- C **Sarasota, FL**
- C **Scranton, PA**
- C **Seattle, WA**
- C **Springfield, MA**
- C **Stockton, CA**
- C **Syracuse, NY**
- C **Tampa, FL**
- C **Tacoma, WA**
- C **Toledo, OH**
- C **Tulsa, OK**
- C **Ventura, CA**
- C **West Palm Beach, FL**
- C **Wichita, KA**
- C **Youngstown, OH**

APPENDIX B.

Eligible States (Group 2)

Eligible States with Annual AIDS Rates >10 Cases per 100,000 Populations

State	Annual AIDS Case Rates 2000
Alabama	11.0
Arizona	14.8
California	14.1
Connecticut	19.7
Delaware	26.3
District of Columbia	189.4
Florida	33.4
Georgia	17.1
Hawaii	11.1
Illinois	17.1
Louisiana	16.8
Maryland	27.2
Massachusetts	24.4
Mississippi	15.2
Nevada	16.8
New Jersey	23.6
New York	39.4
Pennsylvania	13.7
South Carolina	20.9
Tennessee	13.9
Texas	12.9
Virginia	14.4
Guam	11.8
Puerto Rico	26.4

Virgin Islands	37.8

Source: Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2000: 12 (no. 1).

Appendix B.
Eligible MSAs (Group 2 Continued)
Eligible Metropolitan Areas
with Annual AIDS Rates > 15 Cases per 100,000

City, State	Annual AIDS Case Rates 2000
Atlanta, GA	19.5
Austin, TX	17.5
Baltimore, MD	35.9
Baton Rouge, LA	26.3
Bergen-Passaic, NJ	16.5
Boston, MA	21.1
Charleston, SC	20.8
Chicago, IL	22.9
Columbia, SC	39.7
Dallas, TX	19.2
Fort Lauderdale, FL	56.9
Hartford, CT	23.1
Houston, TX	15.4
Jacksonville, FL	25.8
Jersey City, NJ	43.2
Las Vegas, NV	18.8
Los Angeles, CA	16.9
Miami, FL	58.3
Memphis, TN	24.3
Nashville, TN	25.9
New Haven, CT	19.6
New Orleans, LA	27.0
New York, NY	68.1
Newark, NJ	40.3

Norfolk, VA	22.8
Orlando, FL	25.7
Philadelphia, PA	28.1
Phoenix, AZ	16.7
Richmond, VA	18.5
San Diego, CA	17.8
San Francisco, CA	52.6
San Juan, PR	30.9
Sarasota, FL	20.7
Springfield, MA	34.5
Tampa-Saint Petersburg, FL	22.1
Vallejo, CA	18.0
Washington, DC	35.8
West Palm Beach, FL	50.5
Wilmington, DE	27.7

Source: Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2000 12(No.1).

APPENDIX C.
CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded

at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development SAPTBG - Substance Abuse Prevention and Treatment Block Grant

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.

- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

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[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements
-

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- **!** Were identified needs met?
- **!** Was service availability improved?
- **!** Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- **!** Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- **!** Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently

[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively

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[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix D

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAT GPRA Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**

a. Any Alcohol |____|____|
b. Alcohol to intoxication (5+drinks in one setting)
|____|____|
c. Other Illegal Drugs |____|____|

2. During the past 30 days, how many days have you used any of the following: **Number of Days**

a. Cocaine/Crack |____|____|
b. Marijuana/Hashish, Pot |____|____|
c. Heroin or other opiates |____|____|
d. Non prescription methadone |____|____|
e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline..... |____|____|
f. Methamphetamine or other amphetamines, Uppers |____|____|
g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics |____|____|

h. Inhalants, poppers, rush, whippets |____|____|

i. Other Illegal Drugs--Specify_____ |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time

○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]
|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

○ Employed full time (35+ hours per week, or would have been)
○ Employed part time
○ Unemployed, looking for work
○ Unemployed, disabled
○ Unemployed, Volunteer work
○ Unemployed, Retired
○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

		INCOME								
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other_____(Specify)	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1.	**In the past 30 days, how many times have you been arrested?**	|____|____| times
2.	**In the past 30 days, how many times have you been arrested for drug-related offenses?**	|____|____| times
3.	**In the past 30 days, how many nights have you spent in jail/prison?**	|____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:		No	Yes ±	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint		°	°	_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

b. Outpatient Treatment for:		No	Yes ±	**If yes, altogether** how many times (DK=98)
i. Physical complaint		°	°	_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

c. Emergency Room Treatment for:		No	Yes ±	**If yes, altogether** for how many times (DK=98)
i. Physical complaint		°	°	_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race?

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|

Month / Day / Year